

In re Patent Application of

NAKAMURA et al

Serial No. 09/463,643

Filed: May 1, 2000

Title: NITRIDE SEMICONDUCTOR DEVICE



Atty Dkt. 925-178

C# M#

TC/A.U. 2815

Examiner: Baumeister

Date: July 27, 2004

2815
IFW

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

Total effective claims after amendment 17 minus highest number
previously paid for 38 (at least 20) = 0 x \$ 18.00 \$ 0.00

Independent claims after amendment 2 minus highest number
previously paid for 6 (at least 3) = 0 x \$ 86.00 \$ 0.00

If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months) \$ 950.00

Terminal disclaimer enclosed, add \$ 110.00 \$ 0.00

First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00) \$ 0.00

Please enter the previously unentered , filed
 Submission attached

Subtotal \$ 950.00

If "small entity," then enter half (1/2) of subtotal and subtract -\$ 0.00
 Applicant claims "small entity" status. Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee (\$180.00) \$ 0.00

Assignment Recording Fee (\$40.00) \$ 0.00

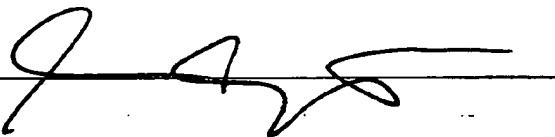
Other: \$ 0.00

TOTAL FEE ENCLOSED \$ 950.00

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8th Floor
Arlington, Virginia 22201-4714
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
CC:lmr

NIXON & VANDERHYE P.C.
By Atty: Chris Comuntzis, Reg. No. 31,097

Signature: 

866532

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09/463,643

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR ¹		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	Minus
	• 13		• 20	—
	Independent	• 2	• 3	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY

TYPE

RATE

BASIC FEE

370.00

OR

X\$ 9=

X42=

+140=

TOTAL

OTHER THAN
OR SMALL ENTITY

RATE

BASIC FEE

740.00

OR

X\$18=

X84=

+280=

TOTAL

OTHER THAN
SMALL ENTITY

SMALL ENTITY

OR

RATE

ADDI-
TIONAL
FEE

X\$ 9=

X42=

+140=

TOTAL
ADDT. FEE

SMALL ENTITY

OR

RATE

ADDI-
TIONAL
FEE

X\$18=

X84=

+280=

TOTAL
ADDT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	Minus
	• 23		• 20	• 7
	Independent	• 16	• 3	• 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE

ADDI-
TIONAL
FEE

X\$ 9=

X42=

+140=

TOTAL
ADDT. FEE

RATE

ADDI-
TIONAL
FEE

X\$18=

X84=

+280=

TOTAL
ADDT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	Minus
	• 12		• 27	—
	Independent	• 2	• 6	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE

ADDI-
TIONAL
FEE

X\$ 9=

X42=

+140=

TOTAL
ADDT. FEE

RATE

ADDI-
TIONAL
FEE

X\$18=

X84=

+280=

TOTAL
ADDT. FEE

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.